

Oversight and Accountability Commission Principles Related to Law Enforcement and Mental Health Services Act Funding (Revisions by Tricia Wynne 3/22/06)

The Mental Health Services Act (MHSA) declares that with effective treatment and support, recovery from mental illness is feasible for most people. Successful programs emphasize client-centered, family-involved, and community-based services that are culturally and linguistically competent.

The primary goal and responsibility of the Oversight and Accountability Commission (OAC) is to ensure that the implementation of MHSA reflects the original intent and purpose of the legislation. The OAC recognizes that a transformed mental health system will provide the effective services and supports described above. **The funding established pursuant to this Act shall be utilized to expand mental health services.** While there will always be a role for mental health/law enforcement collaborative programs, it will be significantly reduced as we transition to a transformed mental health system.

The OAC is interested in ensuring the presence of mental health/law enforcement collaborative programs does not hinder the State's development of a mental health system that clearly demonstrates client-centered, family driven, culturally/linguistically competent, and community-based services. **In every partnership or collaboration, each partner must bring resources to the table.** Therefore, the OAC recommends that the Department of Mental Health apply the guiding principles identified below when considering county requests to use MHSA funding for mental health/law enforcement collaborative programs:

1. **100% of MHSA funding is for mental health services within mental health/law enforcement collaborative programs. In interpreting and applying this principle, the OAC will comply with and be guided by the Attorney General's opinions.**
2. Program outcomes must lead to diversion from institutionalization and incarceration while increasing access to mental health services and supports offered in the community.
3. Mental health/law enforcement collaborative programs must be designed within the context of broader county mental health service plan to ensure they are not relied on as first point of access.
4. Only those mental health/law enforcement collaborative programs that develop as the result specific recommendations from clients and/or family members should be considered for funding.

5. Services and salaried positions funded within mental health/ law enforcement collaborative programs must be clearly identifiable by the public and by mental health stakeholders as mental health services and positions.
6. Mental health/law enforcement collaborative programs must demonstrate cost effectiveness within the context of county mental health service spending.
7. The funding of mental health/law enforcement collaborative programs cannot supplant existing state or county funding of services offered through the collaborative.
8. The funding of mental health/law enforcement collaborative programs must be based on funding models commonly used by counties and cities.
9. MHSA funding cannot replace that which is already statutorily mandated.
10. Intensive mental health training for law enforcement that is comparable to the Crisis Intervention Team Police Training model and offered by consumers, family members, and mental health professionals is an appropriate use of MHSA funds.